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I hereby certify that this correspondence is being facsimile transmitted to Commissioner for Patents, Alexandria, Virginia 22313, Attn: Examiner William M. Brewster at fax no. 703-872-9300 on February 8, 2005.

By: Peter C. Michalos
Dated: February 8, 2005

Patent
Docket No. H60-080 CON
Firm: Notaro & Michalos P.C.
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jurgen Ramm
Serial No. : 10/621,011
Filing Date : July 16, 2003
Examiner : William M. Brewster
Group Art Unit : 2823
For : STRUCTURAL ELEMENT AND
PROCESS FOR ITS PRODUCTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL AND EXTENSION OF TIME PETITION

Sir:

The Applicant hereby requests, under 37 C.F.R. 1.136(a), a two (2) month extension of time within which to respond to the Final Action dated September 29, 2004; that is, up to and including February 28, 2005. The Commissioner is hereby authorized to charge Deposit Account No. 14-1431 the fee of \$450.00 for the extension

02/17/2005 TDAWKINS 00000001 141431 10621011

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REMARKS:

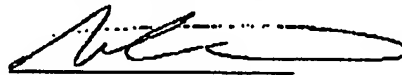
Claims 2-31 are in the case and presented for consideration.

The Applicant thanks the Examiner for the indication of allowability of claim 2 if presented in independent form. Claim 2 has been amended accordingly and is believed to be in condition for allowance along with the remaining claims that depend either directly or indirectly from claim 2.

The Examiner is respectfully invited to telephone the undersigned to expedite the prosecution of this application.

Further favorable action is respectfully requested.

Respectfully submitted,



Peter C. Michalos
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Attorney for Applicants
845-359-7700

Dated: February 8, 2005

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PCM:pae

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10621011

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

RATE

ADDITIONAL
FEE

RATE

ADDITIONAL
FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	2/8/05 Total (37 CFR 1.16(c))	30	Minus	31	=
	Independent (37 CFR 1.16(b))	1	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

RATE

ADDITIONAL
FEE

RATE

ADDITIONAL
FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.